

Appendix H - Region 4 Notification Requirements for Accidents / Incidents

REGION4 Notification Requirements for Accidents/Incidents

Notification should be timely, based on the seriousness of the incident and public interest

Occupational injury/illness

EVENT	INITIAL NOTIFICATION <u>REQUIRED</u>
All accidents, with or without minor injury or illness.	Employees Supervisor District Ranger Forest Supervisor Forest Safety Manager
Accidents resulting in serious injury or illness, including broken bones, eye injuries, poisoning, burns, or chemical contamination.	Employees Supervisor District Ranger Forest Supervisor Forest Safety Manager Regional Safety Manager
Accidents resulting in severe injury or illness, requiring hospitalization.	Employees Supervisor District Ranger Forest Supervisor Forest Safety Manager Regional Safety Manager
Occupational fatality (or likely death) to Forest Service employee or enrollee. OR One or more private citizens dies (or death likely) as result of FS activity. OR Five or more employees, enrollees, and/or private citizens are hospitalized.	Employees Supervisor District Ranger Forest Supervisor Forest Safety Manager Regional Safety Manager Deputy Regional Forester

Aviation related accident

EVENT	INITIAL NOTIFICATION REQUIRED
All agency aircraft accidents are to be reported immediately.	Forest Supervisor Regional Aviation Officer Regional Aviation Safety Officer Regional Safety Manager Deputy Regional Forester
The Regional FAA staff will make notification to the national office and NTSB	

Motor vehicle accident

EVENT	INITIAL NOTIFICATION REQUIRED
All motor vehicle accident involving a government-owned, -leased, or -rented motor vehicle, motorized equipment or ATV (includes private vehicle on official use).	Employees Supervisor District Ranger Forest Supervisor Forest Safety Manager

Report of incident to other than employee (visitors)

EVENT	INITIAL NOTIFICATION REQUIRED
Every fatality on National Forest System lands Notification not required for civil air crashes and on easements administered by other jurisdictions (such as federal and state highways)	District Ranger Forest Supervisor Forest Safety Manager Regional Safety Manager Deputy Regional Forester

Notification should be timely, based on the seriousness of the incident and public interest. All phone call notifications are required to be followed up with an email narrative of the incident the next business day.

Appendix I - CA-17, CA1, CAZ, and CA16

If you are working with a Forest Service employee, the CA-1 form will be produced through eSafety

CA-1's are forms to document Traumatic Injury to Federal Employees. A CA-16 (authorization for treatment) form can only be issued by a Workers Compensation Claims Specialist. CA-2's is used to provide notice of an Occupational Disease and Claim. CA-16's cannot be used in conjunction with a CA-2. A completed CA-17 form is needed for the return of employee(s) to full or restricted duty.

Injury Reporting (CA-1):

All injured Forest Service employees must complete a CA-1. The eSafety program will generate a CA-1 (or CA-2 for illnesses) or a paper copy of the form can be used if necessary, although it must be entered into eSafety when back at the home unit. All Agency medical forms for employee injuries shall be handled at the incident. The district or the ICP Medical Unit Leader shall contact ASC – HRM to authorize the issuing of the CA-16. **All CA-1s must be faxed to ASC-HRM.**

CA-2 Notice of Occupational Disease and Claim for Compensation

CA-2's are used to provide notice of an Occupational Disease and Claim (CA-2 for illnesses).

CA-16's cannot be used in conjunction with a CA-2. A completed CA-17 form is needed for the return of employee(s) to full or restricted duty.

CA-16 Authorization:

When calling ASC - HRM to request that a CA-16 be authorized for a Forest Service employee, be prepared for the questions that must be answered. A CA-16 authorization requires at least the following information:

1. Name, Address and FAX number of Medical Facility Authorized to Provide Medical Service
2. Employee's Name
3. Date of Injury
4. Employee Occupation
5. Description of Injury or Illness
13. Name and Address of Employee's Place of Employment